

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OFFICIAL

In re Application of

Atty. Docket

SUENG-IL NAM

GB 000019

Serial No. 09/773,417

Group Art Unit: 2631

Filed: February 1, 2001

Examiner: K. BURD

Title: COMMUNICATIONS SYSTEM

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JUL 30 2004

Commissioner for Patents
Washington, D.C. 20231PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)


Sir:

Applicants hereby petition for an extension of (1) ONE month to respond to the Office Action mailed on March 31, 2003; because of this extension the time period for response will expire on July 31, 2004. Filed herewith is a complete response to said Office Action.

Please charge Deposit Account No. 14-1270 in the amount of \$110.00, the fee for this extension; and charge any additional fees except for the Issue Fee, and credit any overpayment, to Deposit Account No. 14-1270.

Respectfully submitted,

By


Aaron Waxler
Reg. 48,027
914-333-9608

24/2004 DSAVDY 00000002 141270 09773417

C:1251 110.00 DA

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

097.73417

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	9	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	9 minus 20=	0
INDEPENDENT CLAIMS	4 minus 3=	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	9	20	=
Independent	4	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			=
Independent			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			=
Independent			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	80
+270=	
TOTAL	790

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Best Available Copy